




## The Developmental Disabilities Administration

INTEREST MEETING FOR  
POTENTIAL SERVICE PROVIDER  
APPLICANTS



The Developmental Disabilities Administration provides a coordinated service delivery system so that people with developmental disabilities receive appropriate services oriented toward the goal of community integration. These services are provided through a combination of state residential centers (providing services to individuals with intellectual disability) and a wide array of community based services delivered primarily through a network of non-profit providers.



## DDA's Mission

The DDA *partners* with people with developmental disabilities to provide leadership and resources to live fulfilling lives.



## DDA's Vision

All Marylanders lead personally defined and fulfilling lives.



## DDA's Goals

People with developmental disabilities...

- direct their lives;
- have viable support options; and,
- have information to make decisions.



## Define Developmental Disability:

A **developmental disability** is a severe, chronic disability of a person that:

- (a) is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- (b) is likely to continue indefinitely;
- (c) is manifested in a person younger than 22 years old;
- (d) Results in an inability to live independently without external support or continuing and regular assistance;
- (e) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the person.

## U.S. Department of Health and Human Services (DHHS)

Medicaid law authorizes The Secretary of DHHS to waive certain Medicaid statutory requirements. These waivers enable states to cover a broad array of home and community-based services (HCBS) for targeted populations as an alternative to institutionalization. DDA administers two waivers: Community Pathways & New Directions. The availability of federal funds to match state revenues has fueled rapid expansion of community services in Maryland.

## Where does the money come from???

All providers who receive DDA funding are required to enter into a Provider Agreement for Participation in Maryland's Medical Assistance Program. This agreement is made between a representative of the agency and the Department of Health and Mental Hygiene (DHMH). This agreement allows the agency to provide covered services to Medical Assistance recipients.

## Participation in Maryland's Medical Assistance Program

*COMAR 10.22.17.04 Licensure Requirements.*

To receive reimbursement under this chapter, a provider shall:

- A. Be licensed in accordance with Health-General Article, Title 7, Annotated Code of Maryland, and COMAR 10.22.08 or 10.22.07; and...

- B. Comply with COMAR **10.09.26\*** and all other applicable regulations under COMAR 10.09.

(\***Title 10** DEPARTMENT OF HEALTH AND MENTAL HYGIENE; **Subtitle 09** MEDICAL CARE PROGRAMS; **Chapter 26** Community Based Services for Developmentally Disabled Individuals Pursuant to a 1915(c) Waiver)

## Compliance...

When an agency enters into a Provider Agreement for participation in Maryland's Medical Assistance Program, the agency agrees to comply with **all** of the requirements of the Maryland Medical Assistance Program as well as any other applicable regulations, transmittals, and guidelines issued by DHMH. By entering into this agreement, the agency representative acknowledges his or her responsibility to become familiar with those requirements.

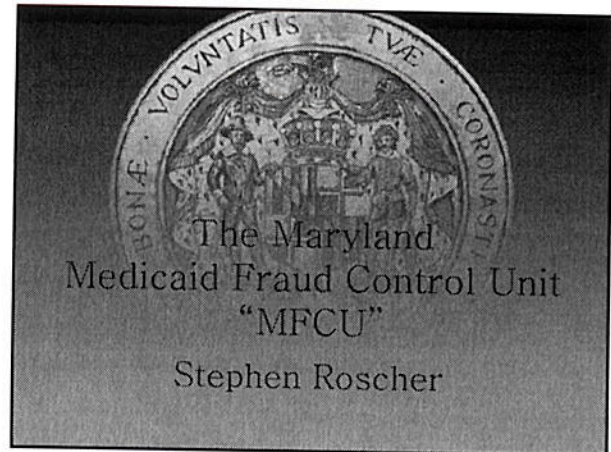
## What are those requirements?

There  
are  
**many**  
requirements...



### Here's an example:

The provider agrees to **not** employ, or contract with a person, partnership, or corporation which has been disqualified from providing or supplying services to Medical Assistance recipients unless the Provider receives prior written approval from DHMH. [In addition to jeopardizing the agency's future as a provider that receives Federal health care funding, civil monetary penalties may be imposed against the agency (Section 1128A(a)(6) of the Act; and 42 CFR section 1003.102(a)(2)).]



### History of the MFCU

- Congress initially failed to provide safeguards in the Medicaid program.
- There was no specific state or federal law enforcement agency to monitor the Medicaid program.
- Until 1995, the MFCU program was voluntary. Federal law now requires each state to have a MFCU or submit a waiver to the Secretary of HHS.

### MFCU Jurisdiction

- Investigate and prosecute health care provider fraud in the Medicaid program
- Prosecute resident abuse and neglect in health care facilities receiving Medicaid funding or other long-term care facilities such as Assisted Living
- May review and prosecute complaints of the misappropriation of resident's private funds in facilities receiving Medicaid funding

### MFCU Prosecution

1. Direct MFCU prosecution
2. Local prosecution (referrals to State's Attorney's Offices)
3. Federal prosecution
  - Cross-designation of MFCU attorneys or referral

### Criminal Prosecution

- **General Maryland criminal statutes:**
  - Theft § 7-101 et. seq.
  - Identity Fraud § 8-301
  - Assault § 3-202, 203
- **Specific Maryland criminal statutes:**
  - Medicaid Fraud § 8-508
  - Abuse or Neglect of a Vulnerable Adult § 3-604, 605
  - Exploitation of Vulnerable Adults Prohibited § 8-801

## Civil Prosecution

- **Federal False Claims Act**

**31 U.S.C. § 3729-3733**

Those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

- **Maryland False Claims Act (New, Oct. 1, 2010)**

**Health General § 2-601 et. seq.**

To recover damages and penalties from individuals who defraud the state by filing false claims against state health plans and programs, including Medicaid. \$10,000 per false claim and treble damages.

## Provider Exclusions

*42 USC 1320a-7 and 42 CFR 1001 et. seq.*

- **Mandatory:** Criminal conviction related to health care delivery . . . or . . . Conviction related to the neglect or abuse of a patient in connection with the delivery of health care services.

**MINIMUM FIVE YEARS**

- **Permissive:** Results from actions by a court, licensing board or agency. May also be based on excessive charges, unnecessary services, kickbacks, failure to disclose or supply information.

## Health Integrity and Protection Data Bank (HIPDB) a.k.a. *Getting placed on the "Naughty" list!*

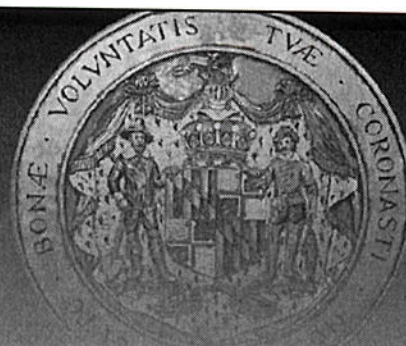
- National Health Care Fraud database for the reporting of specific final adverse actions against health care practitioners, providers and suppliers
- All federal/state agencies (including MFCUs) must report certain final adverse actions to HIPDB, including:
  - civil judgments
  - criminal convictions
  - licensing actions
  - exclusions
  - any other adjudicated actions

## PITFALLS

- Letting INCOME become the primary purpose of the venture.
- Losing sight of the goal of the program.
- Hiring employees who have not been properly vetted.
- Hiring employees who have the wrong priorities.
- Lack of supervision by the operator of the employees and the operation.

## Opportunities

- To help some of the most vulnerable people in our society to live as normal a life as possible.
- To measure our value by what we do for others.
- To earn a reasonable income in a vocation of service.
- To provide employment to caring people dedicated to serving other people.



Thank You



### Resource:

The mission of the Office of Inspector General (OIG) is to protect the integrity of Department of Health and Human Services (HHS) programs, as well as the health and welfare of the beneficiaries of those programs. The OIG maintains a list of all currently excluded parties called the *List of Excluded Individuals/Entities*. A search of this list of Excluded Individuals/Entities can be conducted on line.  
<http://exclusions.oig.hhs.gov/search.aspx>

## DDA Financial Operation: Business Plans

### DDA Financial Operation/ Business Plan

Applicant must provide written documentation that the organization:

- Is solvent;
- Has access to financial resources to operate for a minimum of six months based on the prospective financials within the business plan.

### DDA's Payment System

**New providers receive no payment for 6 months.**

This is because payment is based upon historical attendance and new agencies do not have historical attendance.

### DDA Financial Operations/ Business Plan

- Business plans shall be based on DDA's current regulations (COMAR 10.22.17 and 10.22.18 are rate based payment system)
- Entities shall be incorporated in Maryland before your business plan will be reviewed. Sole proprietorships and LLCs are not considered corporations.

- Throughout the application process, entities must REMAIN in good standing with the Maryland State Department of Assessments and Taxation. The applicant is required to attach a certificate of good standing to the business plan.

- It is suggested that the nature of business documented on your Articles of Incorporation relates to the service description described in your application to become a DDA Licensed Provider.*

- Business plans must address only the proposed services and not provide information for all services provided by DDA.
- Business plans must include a statement of cash flows for a month, a year, and 3 years. The cash flows must be detailed and must show the projected revenue by individual served and expenses for serving each individual.

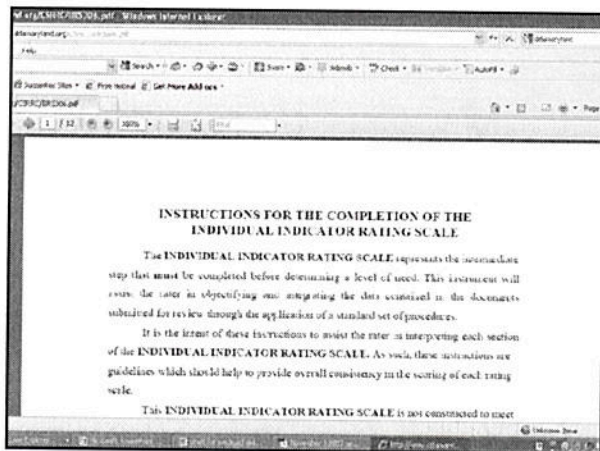
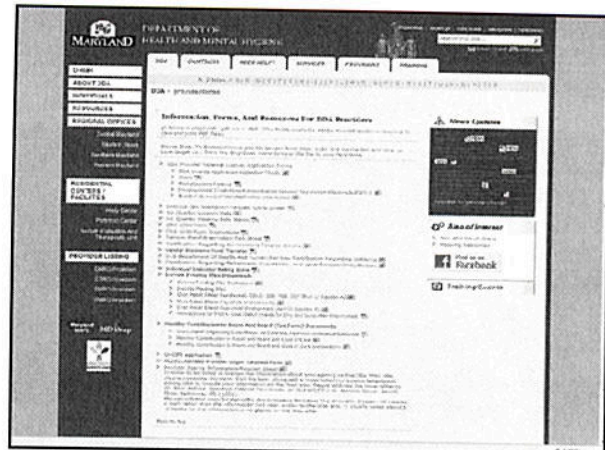
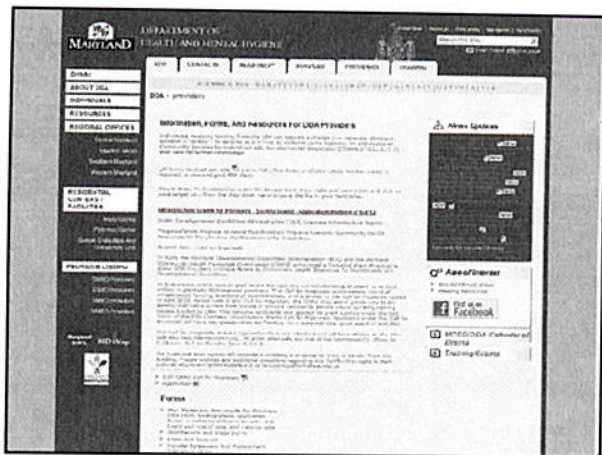
- Business plan cash flow must be detailed to show the projected number of hours of support each individual will be provided per week, based on the levels of need of the people they are planning to serve, and those hours must be reflected in the staff costs.
- Business plans must include a profit and loss statement for the same timeframe as the cash flow.

- Business plan revenue must be based on the DDA Rate system if the applicant is planning to provide residential, day, supported employment or CSLA services, and tied to the levels-of-need for the individual(s) served.
- Business plans must be individually developed and reviewed for each prospective agency.

The level of need is determined by the Individual Indicator Rating Scale (IIRS). The IIRS instructions and key for scores on the matrix (Health/Medical and Supervision/Assistance) are available on the DDA website.

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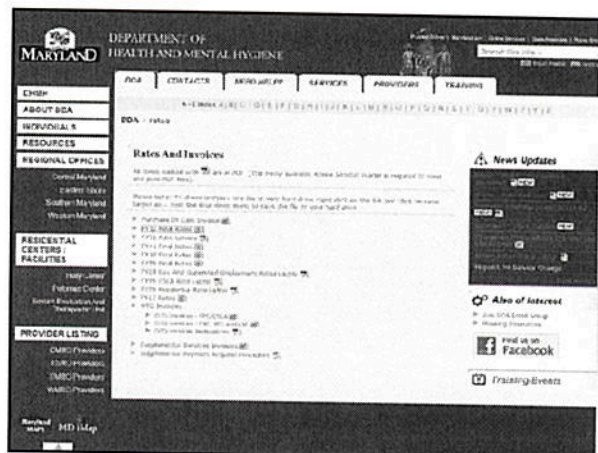
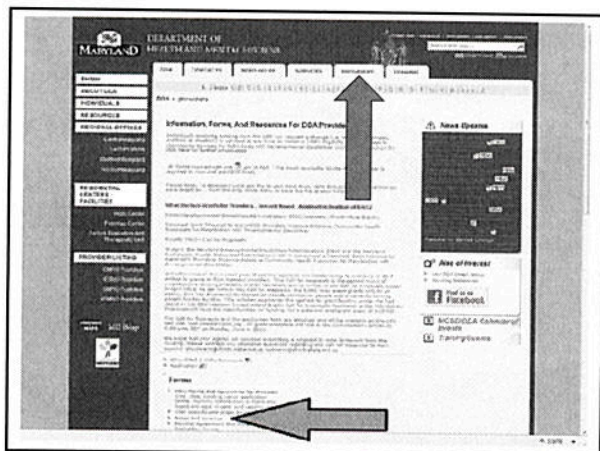
## DDA Rates

DDA funds services using 2 rate systems

- Fee Payment System
- Community Supported Living Arrangements (CSLA) payment system

DDA rates are available on the DDA website - [dda.dhmdh.maryland.gov](http://dda.dhmdh.maryland.gov)

(Click on the *Provider* tab and then click "Rates and Invoices.")



Print of Total 2012 Rate Tables  
Table for Cost Individual in a DDDP/Residing CSLA Service

Hours of Service Per Week	Baltimore City and Allegany, Anne Arundel, Baltimore, Carroll, Cecil, Cecil, Dorchester, Cecil, Harford, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester Counties	Cecil County	Calvert, Charles, Frederick, Montgomery, and Prince George's Counties
1-10	\$14.00	\$14.00	\$14.00
11-20	\$14.00	\$14.00	\$14.00
21-26	\$14.00	\$14.00	\$14.00
27	\$14.00	\$14.00	\$14.00
28	\$14.00	\$14.00	\$14.00
29	\$14.00	\$14.00	\$14.00
30	\$14.00	\$14.00	\$14.00

Table for Two Individuals in a DDDP/Residing CSLA Service

Hours of Service Per Week	Baltimore City and Allegany, Anne Arundel, Baltimore, Cecil, Cecil, Cecil, Dorchester, Cecil, Harford, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester Counties	Cecil County	Calvert, Charles, Frederick, Montgomery, and Prince George's Counties
1-10	\$14.00	\$14.00	\$14.00
11-20	\$14.00	\$14.00	\$14.00
21-26	\$14.00	\$14.00	\$14.00
27	\$14.00	\$14.00	\$14.00
28	\$14.00	\$14.00	\$14.00
29	\$14.00	\$14.00	\$14.00
30	\$14.00	\$14.00	\$14.00

## Fee Payment System

- Per-day payment is the sum of the Provider Component, Individual Component, and any Add-on Components
- Provider Component consists of:
  - Administrative Cost Center
  - General Cost Center
  - Capital Cost Center
  - Transportation Cost Center

## FPS and Matrix

- The Individual Component funds:
  - Direct services
  - Fringe and leave; nurse review and oversight; and limited QDDP time
- The Individual Component is based on The Individual Indicator Rating Scale (IIRS). This produces scores for five levels of health/medical (H/M) support and five levels of supervision/assistance (S/A) support

## FPS and Matrix

- IIRS scores determine matrices levels, which specify per-day payments for the Individual Component
- Most of the direct-support hours are in the S/A levels, very few hours are in the H/M levels
- Rate differentials for Cecil County and the Washington metropolitan area (Calvert, Charles, Prince George's, Montgomery, and Frederick)

## DDA Financial Operation/ Business Plan

- Business plans' cash flows and profit loss statements must be based on current costs for staffing, rent, utilities, etc.
- Business plans must include repayment of any loans or lines of credit if applicable.
- Business plans must include alternate sources of revenue, e.g. fundraising

## CSLA Payment System

- CSLA services are for people who live in their own or their family home, and is not a provider-controlled residence
- CSLA services and rates are based on average hours for a week
- Rate differentials for Cecil County and the Washington metropolitan area (Calvert, Charles, Prince George's, Montgomery, and Frederick)



## CSLA Payment System

- What's in the hourly rate?
  - Direct-support
  - Case management
  - Administrative and indirect costs
- More than one person living together
  - Per-person rates decrease when more than one person at a site receive services
  - Assumption is people living together will share staff sometimes, but not at other times—that is why the lower rate

## CSLA Payment System

- More than one person living together
  - Each person is funded for the number of hours needed at the lower, multi-person rate, even if they will be sharing staff at times
  - Emphasis on making sure each person gets individualized services and is not forced to share staff

## DDA Financial Operation/ Business Plan

Business plans' costs must include indirect costs (e.g., executive director's salary, etcetera).

Business plan must use the legal name of the business which is identical to the name on the application.

Submit two identical copies of the business plan.

Please use fonts no smaller than 10 pt and sequentially number the pages of the business plan which is a single document.

## Financial Solvency

The business plan submission must include evidence of financial solvency. Prior to FINAL approval of the business plan, DDA may **again** request this evidence.

During the time that the business plan was being reviewed and revised, one's financial situation may have changed.

## ***Application***

Application must be postmarked  
by: **September 14, 2012**



Office of Health Care Quality  
[www.dhmd.state.md.us/ohcq](http://www.dhmd.state.md.us/ohcq)  
ATTN: DDA Licensing Specialist  
Spring Grove Hospital Center,  
Bland Bryant Building  
Wade Avenue  
Catonsville, Maryland 21228  
Telephone Number: (410) 402-8048  
Fax Number: (410) 402-8056

## Are You Sure?



## Components of the Application

- ☐ **Principal Incorporated Name**
  - The Name You Registered With the Maryland Department of Assessment and Taxation; **May Not be an LLC, LLP, Or SP Resident Agent**
- ☐ Indicate if Agency is Certified as a Minority Business Enterprise (MBE) [Completed Through MD Department of Transportation]
- ☐ Type of Corporation
- ☐ Incorporation Date

## Components of the Application

- ☐ Trade Name (If Applicable)
- ☐ Executive Director's Name
- ☐ Employer Identification Number
- ☐ Administrative Office Address
- ☐ Mailing Address (If Different From Administrative Office)
- ☐ Email Address
- ☐ Telephone And Fax Numbers

## Components of the Application

- ☐ Name of Person (If Different From The Executive Director) to Contact Regarding the Application
  - Name
  - Title
  - Address
  - E-mail address
  - Telephone and fax numbers



## Attachments to Submit with Application



- ☐ MASTER CHECKLIST
- ☐ ARTICLES OF INCORPORATION
- ☐ TABLE OF ORGANIZATION

## Attachments to Submit with Application

- ☐ Program Service Plan
- ☐ Governing Body Composition
- ☐ Agency's Governing By-Laws
- ☐ Quality Assurance Plan and Checklist
- ☐ Policies and Procedures Manual
- ☐ Criminal Background Check Capability
- ☐ Business Plan and Checklist (Include Proof of Financial Solvency for 6 Months and Letter of Good Standing from MDAT)
- ☐ Licensing Reports (10 years)



## Application Process

- It is the applicant's responsibility to ensure OHCQ has the current mailing address for the agency. If an applicant changes locations without notification to OHCQ and does not receive mail in a timely manner, there is no recourse for the applicant. Changes in address should be mailed to the Licensing Specialist at the address noted earlier.

## Program Service Plan



## Components of a Program Service Plan (PSP)

- Blueprint for the delivery of services for the licensee
- Answers the following questions: Who, What, Where, and Why
- Should not include: Quality Assurance Plan; Policies and Procedures; Business Plan
- Should be short and to the point—a "brochure" for your agency



## Rationale

Why do you want to do this?

Include:

- Your agency's philosophy for the provision of service
- A summary of your agency's (personnel) demonstrated experience in the field of developmental disabilities. Be specific—some experience must be professional

## Scope

What you are going to do?

- Discuss the specific services your agency will provide.
- May include
  - Community Residential Services (ALU, IFC, CSLA)
  - Non-residential services (DH, VOC/SE)
  - Support Services (F/ISS)



## Scope

- Initial applicants should limit their request to no more than 2 service models (e.g., ALU and F/ISS; VOC and ALU, etc.)
- Resource Coordination is a contract awarded by DDA; not available for applicants on an ongoing basis.



## STAFFING AND TRAINING

Who will provide the service?

- ☐ Describe the staff your agency will utilize to provide the services
- ☐ Include what positions are minimally necessary to operate the program, to provide basic coverage and the proposed services.
- ☐ Provide proposed staffing ratios



## STAFFING AND TRAINING

### ☐ Staff trainings

- Include minimally required DDA-mandated trainings
- If your agency will focus on individuals with specific disability types, indicate what specific trainings would be necessary for staff to work with the individuals.
- What is your training schedule for new hires?



## SETTING AND LOCATION

Where will these services be provided?

- ☐ Residential-
  - Indicate counties, municipalities, localities where homes will be located
  - Indicate the type of home(s) the agency plans to operate (single family, detached, apartment, etc.)
  - Indicate if homes will be accessible
  - Indicate initial number of homes planned
- ☐ Include the number of individuals you plan to serve.



## SETTING AND LOCATION

- ☐ Vocational/Supported Employment and Day Habilitation Services
  - Indicate the catchment area the agency intends to serve.
  - Indicate proposed transportation to be utilized.
  - For Supported Employment, indicate the areas in which community jobs will be sought
  - Include the number of individuals you plan to serve.



## SETTING AND LOCATION

- ☐ Support Services
  - Indicate the catchment area the agency intends to serve.
  - Indicate proposed transportation to be utilized.
  - Include the number of individuals you plan to serve.



## PSP—General Thoughts

- ☐ Only identify what you plan to provide initially (no more than two service models), as once you are licensed and operating you may apply to provide other services and revise your PSP accordingly
- ☐ Effective January 1, 2008 members of an agency's Governing Body and employees of the agency may not own property that is leased back to the agency {COMAR 10.22.02.08C(9)}



## INNOVATIVE PROGRAM SERVICE PLAN (IPSP)

- ❑ Written for a service or support model that is not currently described and regulated by DDA
- ❑ Is an alternative to the model of services already available
- ❑ Submit proposals for IPSPs to the Executive Director of the Administration (DDA) for review and approval.
- ❑ If approved, DDA will identify the COMAR requirements that will apply to the IPSP.



## Quality Assurance

## HOW TO BE LICENSED

### WHAT DO THE REGULATIONS SAY?

Initially during application for licensure and annually thereafter, the provider must submit a quality assurance plan for Administration approval.



## The Licensee's Q.A. Plan Must at a **Minimum** Include:

- Focus on Individual's Choices, Preferences and Satisfaction
- Have Outcomes that are Measurable
  - Outcomes may be Incorporated into Individual's Plans or Systemic Changes in the Licensee's Operation

- Collect and Evaluate Data and Analyze Trend Identified in the QA Process Including:
  - The Name of the individual with a Behavior Plan(BP);
  - Medication or other restrictive techniques used;
  - Date and Time the Restrictive Technique was Used;
- Whether the Restrictive Technique used was as an Emergency or as Part of a BP
- Whether the Restrictive Technique used is Meeting the Goals of the BP

The Q.A. System Must Provide for Prompt Appropriate Responses When an Individual's health or safety is at risk

For Example—  
Putting in Place Protective Measures  
When There is an Allegation of Abuse.

The Q.A. System Must put in Place Proactive Measures to Improve the Quality of Services Including Health and Safety

- The Licensee Must Establish Goals and Standards for Measuring Quality of Services
- Define How the Standards are Measured
- Maintain Records to Demonstrate the Effectiveness of the Q.A. Plan

### A Frequently Asked Question

Can You Give an Example of a Measurable Goal?

No-----

But You Should Ask Yourself:

*"How Do You Know When You Get There?"  
If You Cannot Answer That Question Easily and  
Concisely, Chances Are The Goal is Not  
Measurable*

- Implement Changes Based on the Results Of Q.A. and Other Data Collected
- The Licensee Will Be Held Accountable by the Administration for Accomplishing the Goals and Standards Established in the Q.A. Plan.
- The Administration May Request Documentation to Verify That the Licensee is Accomplishing the Goals and Standards of the Q.A. Plan



### Standing Committee

The Licensee Shall Establish 1 Or More Committees to Perform the Following Functions:

- Q.A. Functions of the Regulations
- Review the Agency's Protocol for Identifying, Reporting, Documenting and Investigating Reportable Incidents
- Monitor the Implementing of the Incident Policy And Review All Incidents to Identify Deficient Practices and Recommend Corrections



## Standing Committee (cont'd)



- Approve all Behavior Plans (BPs) That Utilize a Restrictive Technique to Ensure that they Comply with D.D.A. Regulations
- Review Approve and Establish a Time Frame for all Restrictions of Rights Not Related to Challenging Behavior
- Review Agency Policies and Procedures to Ensure Adequate Protection of the Legal and Human Rights of Individuals Served

## Standing Committee (cont'd)

- The Committee(s) Shall Include an Equal Number of Agency, Individual and/or their Proponent and Community Representatives
- May Consult with Licensed Health Professionals as Needed
- A Committee Member may not Participate in any Decision Involving an Incident in which the Member was Involved or a BP that the Member Has Developed

## Standing Committee (cont'd)

- The Committee(s) Shall Meet as Needed
- The Committee(s) Shall Ensure Confidentiality for Individuals Whose Information is Reviewed

Please Note That The Standing Committee And The Board Of Directors Are Two Separate And Distinct Entities And One Should Not Be Confused For The Other



QA thought to remember...

A Bad Licensure Survey is  
a Reflection of an  
Ineffective QA System



Now----  
The Real Story on Quality

What People Say  
or  
How To Stay In Business

## Myths to Consider

### Myth #1

There is a Lack of Providers in the DDA System



### Myth #2

There are Loads of People with DDA Funding Just Waiting for a Provider to Come Along



### MYTH # 3



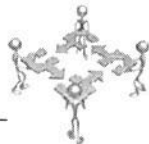
There is a Long Waiting List for Provider Agencies

Soooooooooooooooooooo

What is Quality all About  
and How Do I Get  
Customers in This System?

## Quality

- Quality is Very Individually Defined
- We Don't all Value the Same Things in the Same Way so Quality Services Must Respond to Those Things that are Important to each Person



Today in the Field of  
Developmental Disabilities We:



- View Quality as Responding Proactively to People's Choices, Preferences and Desires
- See Quality As Supporting the Person In Leading A Self-determined Life

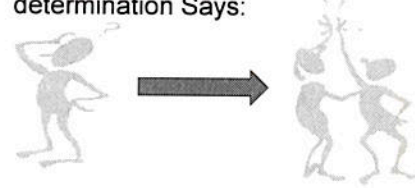


## When Faced with Challenging Choices by Individuals

Some Agencies Say.....

“WE CAN’T BECAUSE...”

The Agency That is Values Driven and Proactively Supports Self-determination Says:



“HOW CAN WE MAKE THIS HAPPEN FOR THIS PERSON?”

## Remember

- Regardless of How We Refer to the People We Serve...
  - consumers,
  - clients,
  - customers,
  - people...
- All Have the Right and Freedom to Change Providers if Not Satisfied with the Services They Receive and D.D.A. Will Support That Right and Freedom

## So How Do You Get Customers?

- The People D.D.A. Supports Choose Their Provider Based on What is Important to Them
- Delivering Quality Services is a Must to Compete and to Stay in Business



## Things to Avoid

### Cloned Plans

- Your Business Plan,
- QA Plan,
- Individual Plans
- Any Other Type Of Plan Required By DDA

It Should Reflect Your Agency and its Values and Should Not Just be a Template From a Consultant's Computer



## Business Failure

- Most Agency Failures in Recent Years Have Been by New Providers
- This is Not an Easy, Get Rich Quick Endeavor
- Failure in the Quality Department will be Certain to Lead to Overall Failure of the Agency

## Things to Do

### Best Practice

- Learn About Best Practice in This Field
- Be Guided By it

### Know Our History

- If You Repeat the Ills of the Past, Your Agency Will Not Fare Well

### Know The Rules

## Have a Vision Based on Quality and Build Services That Address It



The Best Agencies are Responsive and Values Driven

The Worst Agencies are Driven by  
\$\$\$\$ and What is Comfortable

## Policies and Procedures

## Policies and Procedures

Prior to receiving a license each applicant must develop and adopt written policies and procedures as specified in COMAR 10.22.02.10



## Policies and Procedures

- A policy is your agency's guiding principle designed to make your position on an issue clear to your stakeholders. A policy defines the course of action your agency will take in upholding specific criteria and/or principles.

## Charm City Air Policy on Double Winged Planes



- Charm City Air is committed to providing safe, accident free air travel to the citizens of Baltimore. It is the policy of Charm City Air to ensure that only airplanes with a minimum of two wings are flown by our certified pilots, in line with the FAA regulatory standard:  
**01.01.02- wings to go.**



## Policies and Procedures

- Each policy adopted by your agency's Governing Body must have a procedure that delineates how the policy will be implemented *by your agency*.
- Procedure is defined as a method or means of doing or accomplishing something.

## Charm City Air Procedure on Double Winged Planes



- The Director of Purchasing for Charm City Air will only obtain double winged planes for its projected fleet of 5 airbuses.
- The Executive Director will oversee the purchase of any airplane by the Director of Purchasing as evidenced by a notarized approval letter from the Executive Director to the Director of Purchasing, authorizing the purchase of the airplane. This approval letter will identify the airplane's VIN # and the number of wings it has, and will be on file at the administrative office.
- A copy of the approval letter will be posted on the drink cart in the airplane, in accordance with FAA regulations: **01.01.02Silly!**

## Charm City Air Procedure on Double Winged Planes



- Upon delivery of the airplane to Charm City Air, the Maintenance Director will inspect the airplane for a minimum of 2 wings and document the observed number of wings on the Initial Intake Safety Checklist (IISC).
- The Quality Assurance Director will review the IISC within one working day of completion to ensure that the minimum requirement of two wings has been met. The original form will remain at the administrative office for Charm City Air.
- A copy of the IISC will be posted on the drink cart in the plane, in accordance with FAA regulations: **01.01.02uh**
- A Safety Check List Update shall be completed annually from the date of delivery for each airplane in the fleet by the Maintenance Director. This will include an accounting of the number of wings present on the airplane at the time of the update.

## Charm City Air Procedure on Double Winged Planes



- Prior to each flight the **Wing-Ding Chart** will be completed by the Fleet Engineer. This chart will identify the number of wings present at the time of departure. This chart is reviewed by the "Auto Pilot" at the time of departure.
- If any staff of the airlines suspects that any airplane in the fleet does not have the required minimum of two wings, they shall immediately contact the on-call supervisor and report the discrepancy. The on-call supervisor will immediately ground the plane and contact the Flight Director. A Missing Wing report shall be filed in accordance with FAA's **Policy on Reportable Missing Airplane Wings (PORMAW)**.

## Airline Comedy



- Planes flying without wings will not be tolerated—



but seriously.....

## Purpose of Policies and Procedures

- Provides the framework and structure for your agency
- Is a "working operations manual" as opposed to a "binder on a shelf"
- Should reflect DDA's mission as well as the intent of the regulations
- Protects individuals served, staff and the licensee

## Policies and Procedures

COMAR 10.22.02.10A(1-19)

Written policies and procedures are required addressing the following:

- A
- (1) That each individual's health and safety needs as identified in the individual plan (IP), are being met
  - (2) Fundamental rights in accordance with Health-General Article, §7-1002, Annotated Code of Maryland;
  - (3) That services are provided in a manner which promotes individual choice and the exercise of individual rights;

## Policies and Procedures

- (4) Confidentiality for each individual in accordance with Health-General Article, §7-1010, Annotated Code of Maryland;
- (5) The implementation of a grievance process with safeguards which protect against retaliatory actions for the filing of any grievance;
- (6) That services are provided without discrimination;

## Policies and Procedures

- (7) That all incidents, including those involving life-threatening conditions, are reported and investigated in accordance with the Administration's procedures on reportable incidents;
- (8) That medications are administered in accordance with the practices established by the Administration's curriculum on medication training;
- (9) Compliance with COMAR 10.27.11;
- (10) That an individual whose behavior requires intervention receives the safeguards required by this regulation;

## Policies and Procedures

- (11) That in order for an individual to be required to pay for property damage caused by the individual's actions, the individual's IP shall show evidence that the:

- (a) Individual has a history of destructive behavior that has been documented in the behavior plan (BP),
- (b) Individual has a BP that addresses the destructive behavior,
- (c) Individual has the ability to pay for damages,
- (d) Licensee's standing committee, as described in Regulation .08 of this chapter, has reviewed and approved the damage payment, and
- (e) Licensee has reported this approval to the regional director,

## Policies and Procedures



- (12) Compliance with Health-General Article, §5-605, Annotated Code of Maryland;

- (13) That there is no financial or personal conflict of interest for members of the governing body, staff, care providers, volunteers, and standing committee members;

- (14) That the fiscal affairs of the licensee are conducted in accordance with generally accepted accounting practices;



## Policies and Procedures



(15) That there is adequate protection for the finances and property of each individual, including:

- (a) A system to ensure that each individual's funds are used in an appropriate manner consistent with the individual's needs and preferences,
- (b) A system to keep personal funds separate from the funds of the licensee and to ensure that funds are transferred to the individual in a timely manner when services are no longer being provided,
- (c) Timely access for the individual to the funds,
- (d) An accounting of the individual's funds, on request, and
- (e) The accrual of any interest into the individual's account from an interest-bearing account.

## Policies and Procedures

(16) That State and federally required safety precautions, infection control, and standard precautions are implemented;

(17) That an effective disaster and emergency evacuation plan, with sufficient evacuation drills is in place;

## Policies and Procedures



(18) That an individual may not perform the duties of a paid staff person; and

(19) That an individual only perform those duties and tasks that are shared by the household or included as an activity documented in the individual's IP or remunerated as part of a training program as required by federal or state law

## Policies and Procedures

10.22.02.10B. A licensed community residential service provider offering services in alternative living units or group homes shall develop an emergency plan for all types of emergencies and disasters that shall include:

## Policies and Procedures

(1) Procedures that will be followed before, during, and after an emergency to address the following:

- (a) The evacuation, transportation, or 72 hour shelter-in-place of individuals and staff served;
- (b) Holding an annual practice drill coordinated with local emergency planners for sheltering in place or evacuating;
- (c) Preparing an after action report and improvement plan after drills that evaluates the plan and takes corrective actions;

## Policies and Procedures

(d) Ensuring that individuals served and staff have identification with current health, contact, and other important information that is immediately accessible in the event of evacuation;

(e) The role of the resident, family member, or legal representative in the event of evacuation;

(f) Arranging for medical needs and other accommodations for individuals served and staff at alternative facilities or shelters; and

(g) Establishing a communication protocol among all appropriate parties that includes redundant communication means;

## Policies and Procedures

- (2) The notification to families, staff, and the respective DDA regional office (licensing authority) regarding the action that will be taken concerning the safety and well-being of the individuals served;
- (3) The staff coverage, organization, and assignment of responsibilities that includes:
  - (a) Planning staff coverage needs for ongoing shelter in place or evacuations;
  - (b) Identifying staff members available to report for work or remain during extended periods; and

## Policies and Procedures

- (c) Establishing staff notification and recall contingency plans and procedures;
- (4) The continuity of operations, including, but not limited to, redundant communications systems, preservation of records and electronic data, the procurement of essential goods, equipment, and services, plans to secure vacated facilities, and the relocation to alternate facilities;

## Policies and Procedures

- (5) Procedures to:
  - (a) Backup and electronically store off-site, appropriate records and data of consumers and staff and facility documents, for access under emergency conditions;
  - (b) Ensure access to an electronic copy of the emergency plans when requested by local, State, or federal emergency management organizations;

## Policies and Procedures

- (6) Provisions to ensure that the facility's emergency and disaster plans are shared with local emergency management organizations for the purpose of coordinating local emergency planning; and
- (7) An executive summary of the evacuation procedures that shall be provided to the family member of a resident on request

## Policies and Procedures

- 10.22.02.10(C). The licensee shall ensure that all staff, care providers, consultants, and volunteers are aware of the policies required by this chapter and that all staff, care providers, consultants, and volunteers implement each policy as adopted
- 10.22.02.10D. The licensee shall ensure that it provides sufficient information about its grievance process to each individual it serves and, when appropriate, to the individual's proponent, to enable the individual or proponent to use the process effectively

## Policies and Procedures

- 10.22.02.11A Staffing requirements
- 10.22.02.11B Criminal background checks
- 10.22.02.11C (1-3) Staff training on the needs of individuals they serve
- 10.22.02.11D (1-8) DDA mandated training topics
- 10.22.02.11E (1-2) Job descriptions and employment discrimination





## Policies and Procedures

10.22.02.12 (A-D) Health and safety requirements

10.22.02.13 Records (A-D)



## Policies and Procedures

As relevant to the services you will be providing policies and procedures must be developed to address:

10.22.04 Values, outcomes and fundamental rights

10.22.05 Individual plans

10.22.10 Behavior support services

Please write your  
policies and procedures  
in the same  
chronological order as  
the regulations

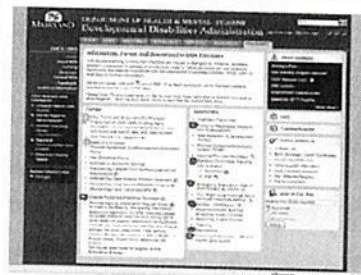
Again.....

Please write your  
policies and procedures  
in the same  
chronological order as  
the regulations

## Policies and Procedures

Disaster and emergency  
evacuation plan policy guidelines  
can be accessed by going to  
[dda.dhmf.maryland.gov](http://dda.dhmf.maryland.gov)

Click on Disaster Readiness and  
then Emergency plan

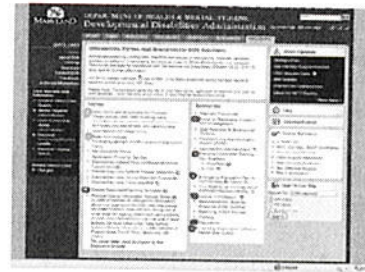


DDA Incident reporting policy requirements can be accessed  
by going to [dda.dhmf.maryland.gov](http://dda.dhmf.maryland.gov)

## Policies and Procedures

Medication Administration policy guidelines can be accessed by going to the Board of Nursing website:

<http://www.mbon.org>

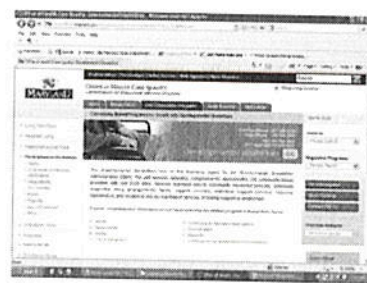


Disaster & emergency evacuation plan policy guidelines can be accessed by going to [dda.dhmdh.maryland.gov](http://dda.dhmdh.maryland.gov)

## Background Checks



The applicant/licensee may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to individuals.



Please visit the OHCQ website and review the Alerts. An Alert released on 9/8/2009 reviews the requirements of employee background checks.

<http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx>  
click on "Developmental Disabilities."

## Background Checks

Applicant shall provide documentation of application to a company that does criminal background checks or be registered with CJIS (Criminal Justice Information System) for criminal history record check or a criminal background check to complete these checks when the applicant has employees, pursuant to Health-General Article, § 19-1901 et seq., Family Law § 5-560 et seq., if serving a minor, Annotated code of Maryland, and COMAR 12.15.03.

**BOARD OF  
DIRECTORS**  
*The Governing Body*

**10.22.02.08**

### **BOARD OF DIRECTORS** *The Governing Body*

The Board of Directors document shall include:

- Name and address of each member;
- Title or position on the Board;
- Contact telephone number of each member;
- Identification of a member who is a family member of an individual with a developmental disability;

### **BOARD OF DIRECTORS** *The Governing Body*

- Identification of a member with a developmental disability;
- Identification of a member with experience in the field of developmental disabilities

### **BOARD OF DIRECTORS** *The Governing Body*

Written by-laws which require the governing body to be legally responsible for:

- Overseeing the management and operation of the licensee;
- Ensuring that the licensee operates in compliance with all of the requirements of COMAR10.22.02;
- Approving the applicant/licensee's mission statement, long range goals, policies, procedures and budget;

### **BOARD OF DIRECTORS** *The Governing Body*

- Defining and prohibiting those circumstances which would create a financial or personal conflict of interest for members of the governing body, staff, care providers, volunteers and members of the standing committee;
- Ensuring that the licensee responds to all plans of correction in a timely manner; and
- Approving Program Services Plan and ensuring that services are provided in accordance with such plan.

### **BOARD OF DIRECTORS** *The Governing Body*

At least 75% of the governing body of a licensee shall be residents of the State or reside within a 100-mile radius of the administrative office of the licensee which should be located in the State

*This requirement may be waived if a community-based advisory board or committee is established by the licensee and approved by the Administration;*

### **BOARD OF DIRECTORS** *The Governing Body*

No employee of a licensee or immediate family member of an employee of a licensee may serve as a voting member of the governing body unless:

- The employee receives services from the licensee

or

- The administration explicitly approves the composition of the governing body through an innovative program service plan in accordance with COMAR10.22.02.09F - Innovative Program Services Plan Variance.





## BOARD OF DIRECTORS

*The Governing Body*


Ensure that members of the governing body and employees of the licensee may not own property that is leased back to the licensee.

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## DISCLOSURES

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Has any action been taken by state/federal/local government against the applicant, any members of the board or of top management, disciplining them, excluding them or affecting in any way their participation in a state/federal/local government program – for example medicaid or medicare?

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
Has applicant, board member or top management been affiliated with any program providing health care which has been disciplined by excluding them or affecting in anyway the continued provision of services?

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Affirmation under the penalty of perjury that this application and all the attachments have been developed and approved by the governing body of this corporation

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Affirmation under the penalty of perjury that the signature(s) below are those of either the administrative head of the corporation or two officers of the corporation

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Affirmation under penalty of perjury that the information contained herein is true to the best of the applicant's personal knowledge and belief

## Important Questions

1. Do you currently serve individuals diagnosed with developmental disabilities in another state?
2. In the past five (5) years have you served individuals diagnosed with developmental disabilities in another state?
3. Have you ever been associated with an agency licensed by the developmental disabilities administration in Maryland to provide services to individuals with developmental disabilities?

## The Application Checklist

State and Municipal of Health and Human Services

Agency Name: \_\_\_\_\_

Item	Required	Submitted
1. Coded Application (signed and notarized)	Yes	
2. Articles of Incorporation	Yes	
3. Table of Organization	Yes	
4. Governing Body Membership (include contact information, position on GB, and affiliation)	Yes	
5. Corporation By-laws	Yes	
6. Criminal background check capability	Yes	
7. Proof of required insurances	Yes	
8. Documentation demonstrating experience in the field of developmental disabilities	Yes	
9. Quality Assurance Plan (include Standing Committee membership) and checklist	Yes	
10. Business Plan & checklist (remember to include financial solvency document(s) & good standing certificate)	Yes	
11. Proof of financial solvency (for at least 6 months)—attach to business plan	Yes	
12. Letter of Good Standing (dated within 1 month of submission)—attach to business plan	Yes	
13. Program Service Plan (one for each service model for which corporation is applying)	Yes	
14. Policy and Procedure manual	Yes	
15. Prior Licensing reports, if applicable	Yes	

The following documents must be included with your application

1. Coded Application (signed and notarized)
2. Articles of Incorporation
3. Table of Organization
4. Governing Body Membership (include contact information, position on GB, and affiliation)
5. Corporation By-laws

The following documents must be included with your application

6. Criminal background check capability
7. Proof of required insurances
8. Documentation demonstrating experience in the field of developmental disabilities
9. Quality Assurance Plan (include Standing Committee membership) and checklist
10. Business Plan & checklist (remember to include financial solvency document(s) & good standing certificate)

The following documents must be included with your application

11. Proof of financial solvency (for at least 6 months)—attach to business plan
12. Letter of Good Standing (dated within 1 month of submission)—attach to business plan
13. Program Service Plan (one for each service model for which corporation is applying)
14. Policy and Procedure manual
15. Prior Licensing reports, if applicable

## Resources

The following websites contain helpful information about starting and maintaining a business. Please visit these websites as they have information you may need:

Small Business Development Center

[www.bsos.umd.edu/sbdc](http://www.bsos.umd.edu/sbdc)

Maryland Department of Business and Economic Development, Small Business License Information System

[www.blis.state.md.us/main.asp](http://www.blis.state.md.us/main.asp)

## Resources (continued)

Maryland Department of Transportation, Minority Business Enterprise/Disadvantaged Business Enterprise

[www.marylandtransportation.com](http://www.marylandtransportation.com)

State Department of Assessments and Taxation

[www.dat.state.md.us/sdatweb/checklist.html](http://www.dat.state.md.us/sdatweb/checklist.html)

## Resources (continued)

Office of the Secretary of State - How to Start a Non-Profit Organization in Maryland

[www.sos.state.md.us](http://www.sos.state.md.us)

Internal Revenue Service Employer Identification Number – How to Apply

[www.irs.ustreas.gov](http://www.irs.ustreas.gov)

## Resources (continued)

U.S. Small Business Administration

[www.sba.gov](http://www.sba.gov)

The Workers Compensation Commission

[www.wcc.state.md.us](http://www.wcc.state.md.us)

## Resources (continued)

**Websites for COMAR Regulations (Title 10, Department of Health and Mental Hygiene; Subtitle 22, Developmental Disabilities)** - Please visit the following websites to obtain the regulations that you need:

**Maryland Division of State Documents:**

<http://www.dsd.state.md.us/comar/comar.aspx>

or

**The Developmental Disabilities Administration:**

[dda.dhmfh.maryland.gov](http://dda.dhmfh.maryland.gov)

## Employee Rights and Protection

Please refer to Maryland Department of Labor, Licensing and Regulation regarding employee rights and protections.

[www.dllr.state.md.us](http://www.dllr.state.md.us)





### Additional resources:

Office of the Inspector General (OIG)-List  
of Excluded Individuals/Entities Search:  
<http://exclusions.oig.hhs.gov/>

Centers for Medicare and Medicaid  
Services (CMS):  
<http://www.cms.gov/>

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### General Questions?

General questions regarding the application  
process can be directed to Amy Daugherty at  
[adaugherty@dhrmh.state.md.us](mailto:adaugherty@dhrmh.state.md.us).

\*\*\*\*To avoid having your e-mail go into the junk  
mail file, please note **"DDA Applicant"** in the  
subject line of your e-mail.

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